

## Methicillin-Resistant *Staphylococcus aureus* and *Clostridium difficile* Infection Lab ID Event Report

<b>Facility Name:</b>	<b>Date of Event Report:</b>
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth:</b>
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other [specify] _____	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other	
<b>Event Details</b>	
Date Specimen Collected:	Date Specimen Finalized:
Specific Organism Type: (Check one)  <input type="checkbox"/> Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) <input type="checkbox"/> <i>Clostridium difficile</i> Infection (CDI)	
Specimen Source (e.g. blood, wound, sputum, bone, urine, stool):	Specimen Body Site/System <i>try to be as specific as possible</i> (e.g. upper right arm, foot ulcer, gastrointestinal tract):
Date Admitted to your Facility:	Location at time of Specimen Collection (name of specific unit, ward, or floor):
Date Admitted to Location:	
Has patient been discharged from your facility in the past 3 months?    Yes    No	
If Yes, date of last discharge from your facility:	
<b>Comments</b>	
<b>Assurance of Confidentiality:</b> The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).	

For use by Michigan Department of Community Health (MDCH), Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit's MRSA/CDI Prevention Initiative (Coordinator: Gail Denkins, SHARP Intern: Kate Manton); fax completed forms to (517) 335-8263, ATTN: Kate Manton.

## MRSA/CDI Data Collection Tool Field Definitions

- *Facility Name* – The name of your healthcare facility
- *Date of Event Report* – Date you filled out the event report in the format of MM/DD/YYYY
- *Sex* – Sex of the patient
- *Date of Birth* – Date of birth of the patient
- *Race* – The patient's race (White, Black, Asian, American Indian etc)
- *Ethnicity* – The patients ethnicity (Hispanic/Latino, Not Hispanic or Latino)
- *Date Specimen Collected* – Date the patient's culture was collected
- *Date Specimen Finalized* – Date the patient's culture/ testing was finalized
- *Specific Organism* – Patient is being reported because of laboratory-confirmed *Methicillin-Resistant Staphylococcus aureus*\* or *Clostridium difficile*. If the patient has both then two separate event reports should be completed for the patient. Only laboratory confirmed cases should be reported. Suspect or pending cases should NOT be reported.
  - \* We are only collecting data on *Staphylococcus aureus* that is resistant to Methicillin (or Oxacillin). Isolates of *Staphylococcus aureus* that are susceptible to Methicillin (or Oxacillin) should NOT be reported.
- *Specimen Source* – The source from which the sample was collected (for example: blood, wound, sputum, urine, stool, deep tissue, bone, synovial fluid, CSF)
- *Specimen Body Site/System* – The anatomical body site or system where the culture was taken from (for example: right upper arm, left lower extremity, abdomen, gastrointestinal tract, respiratory tract, right knee joint, foot ulcer)
- *Date Admitted to Facility* – Date the patient was admitted to your facility for the current admission.
- *Location at Time of Specimen Collection* – The name of the location at your facility the patient was admitted to when the culture was taken. We are specifically looking for the name of the ward, floor, or unit. We do NOT need to know the patient's room number.
- *Date Admitted to Location* – The date the patient was admitted to the unit, ward, or floor where the culture was collected during the current admission.
- *Has Patient been discharged from facility within last 3 months* – Has this patient been previously discharged by your facility within the last three months?
- *Date of last discharge* – If the patient was indeed discharged within the last three months, what was the patient's discharge date.
- *Comments* – Anything else you wish to say about the case that you think is valuable information. Please do not include any patient identifiers.